

QCR Review Score Sheet

General Review Information

QCR Assigned Num:		Review Period: (Dates)		Office:	
Child's Name:	First:		Last:		
Lead Reviewer:	First:		Last:		
Shadow:	First:		Last:		
Supervisor:	First:		Last:		
Case Worker:	First:		Last:		

Demographic and Service Information

Age: <input type="text"/>	Child's Ethnicity	Current Target Child Services	Current Residence
Child's Gender: <input type="text"/>	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	<input type="text"/>	<input type="text"/>
Months Open: <input type="text"/>	<input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander	SCF Placement Code	<input type="checkbox"/> Biological Family <input type="checkbox"/> Det./Corr. Ctr.
	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Caucasian	<input type="text"/>	<input type="checkbox"/> Adoptive Home <input type="checkbox"/> Res. Treatmt Ctr
			<input type="checkbox"/> Rel./Kin. Home <input type="checkbox"/> Hosp./Institution
			<input type="checkbox"/> Foster Home <input type="checkbox"/> IL Apartment
			<input type="checkbox"/> Group Home <input type="checkbox"/> Other

Identified Needs/Issues

For the child/family throughout the life of the case (Check all that apply)

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Sex Abuse Victim	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Illegal Status
<input type="checkbox"/> Other: <input type="text"/>						

Current Court Ordered Permanency Goal for Child

Current Court Ordered Concurrent Goal for Child

Child/Family Status

	Unaccept.			Accept.			NA	12 Month Flag
	1	2	3	4	5	6		
Child's Safety From Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Child's Risk to Self and/or Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prospects for Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health / Physical Well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emotional / Behavioral Well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Learning or Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Overall Family Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Connection to Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Child Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mother Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Father Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caregiver Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

System Performance

	Unaccept.			Accept.			NA	12 Month Flag
	1	2	3	4	5	6		
Overall Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Engagement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term View	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child and Family Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Overall Intervention Adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Intervention Adequacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Child Status Rating: ☐ ☐ ☐ ☐ ☐ ☐

QCR Service Result

<input type="checkbox"/> Outcome 1	<input type="checkbox"/> Outcome 2	<input type="checkbox"/> Outcome 3	<input type="checkbox"/> Outcome 4
+Child Status	-Child Status	+Child Status	-Child Status
+System Perf.	+System Perf.	-System Perf.	-System Perf.

Tracking and Adaptation ☐ ☐ ☐ ☐ ☐ ☐ ☐

Overall Sys. Perform. Rating: ☐ ☐ ☐ ☐ ☐ ☐

Might this child qualify for DSPD (Division of Services for People with Disabilities) Services? ☐ Yes ☐ No ☐ Already Qualified

DELINQUENCY										
Did the child come into services due to delinquency instead of abuse or neglect?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
CFSR Questions							Notes			
SAFETY (Foster Care (FC) / In-home (IH))										
2	A	To what degree did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect the target child from others and prevent his/her entry into foster care? (FC and IH)	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	A	To what degree did the agency conduct an initial assessment that accurately assessed all risk and safety concerns from others to the target child? (FC and IH)	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B	To what degree did the agency conduct ongoing assessments that accurately assessed all of the risk and safety concerns from others to the target child? (FC and IH)	1	2	3	4	5	6		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	If there were safety concerns from others during the PUR, to what degree did the agency develop an appropriate safety plan with the family and continually monitor (Tracking) and update (Adapting) the plan as needed. (FC and IH)	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	E/F	To what degree were all safety concerns from others toward the target child during the PUR (such as during visitation with the parents/caretakers or other family member, or safety concerns related to the foster parents, members of the foster family, other children in the foster home or facility, or facility staff members) adequately and appropriate addressed by the agency? (FC Only)	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERMANENCY (Foster Care cases only. If it is an In-home case, then mark all answers as "NA.")										
5	C	Were all primary and concurrent permanency goals in effect during the PUR appropriate to the target child's need for permanency and the circumstances of the case?	Primary		Yes		No		NA	
					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			Concurrent		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
6	B	Are the agency and court on track to achieve either the primary or the concurrent permanency goal within the following time frames? Reunification - 12 months (+ court extensions) Guardianship - 18 months Adoption - 24 months	Yes	No	NA					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	B 1	To what degree are the agency and court making concerted efforts to achieve permanency in a timely manner?	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	A	Was the child placed with siblings who also were in foster care?	<input type="checkbox"/> All		<input type="checkbox"/> Some		<input type="checkbox"/> None		<input type="checkbox"/> NA	
	B	If the answer to question 7.A is Some or None, was there a valid reason for the separation?	Yes	No	NA					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9	A	To what degree were concerted efforts made to maintain the child's other important connections (other than to parents and siblings in foster care)?	1	2	3	4	5	6	NA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	B	Indicate the Target Child's Tribal Status (select one): If the child is not eligible for membership, then answer questions C and D "NA."	Not eligible (NA)							<input type="checkbox"/>
			Reason to believe							<input type="checkbox"/>
			Eligible for application							<input type="checkbox"/>
			Enrolled Member							<input type="checkbox"/>
			In-Home Case (NA)							<input type="checkbox"/>
	C	Was the Tribe provided notification within 10 days of its right to intervene in proceedings seeking an involuntary foster care placement or termination of parental rights?	Yes	No	NA					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	D	Was the child placed in foster care in accordance with ICWA placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?	Yes	No	NA					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
WELL-BEING (Foster Care and In-home cases)										
			Y	N	NA					Child Frequency and Quality Notes:
14/15A	Was the frequency of the contacts between the caseworker and the Child/Mother/Father/Other sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Child:	<input type="checkbox"/>	<input type="checkbox"/>						
		Mother:	<input type="checkbox"/>	<input type="checkbox"/>						
		Father:	<input type="checkbox"/>	<input type="checkbox"/>						
		Other:	<input type="checkbox"/>	<input type="checkbox"/>						
			1	2	3	4	5	6	NA	Mother - Father - Other Freq & Qual Notes:
14/15B	To what degree was the quality of the contacts between the caseworker and the child/mother/ father/other sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	Child:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Mother:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Father:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	